PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

()1()09 eg. Diat. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Worces tu.	(For newborn infants give residence of mother)
City or town	State M County Worlds Cu
How long in above place of death? 50 Asus	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outable city or town limits, write KUKAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Thomas Sanders andelol	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed or divorced	MEDICAL CERTIFICATION // PW
made white many di	0 15
Total Total	20, DATE OF DEATH
6, (b) Name of husband or wife Stattle Stydelville	21. I CERTIFY that death occurred on the date above stated; that I stiended deceased from
6.(c) If alive, give age 70 years	
1 7. Birth date of	and that I last sew have allow on Jan 22 - 147
deceased (mo., day, yr.) Ful. 9, 18 70	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
76. 11 6	Cerderol
P 1 -t. 111- C1 20.1	
9. Birthplace Cadar to	Due to
10. Usual occupation France.	Due fo
11. Industry or business	
12, Name Asiah Andelolle -	Other conditions
12. Name Agailotte 13. Birthplace Dayland.	
	(Include pregnancy within 3 months of death)
14. Maiden name death Jarle Churix. 15. Birthplace Manyland	Major findings of operations.
S 15. Birthplace Mansland	
18 Internat Mrs. Howas Andelsette	
16. Informant	Autopsy results
Address Sulum high	
344421 Pote Sparent 1/19/47	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, chemation, or removal, Which?) Oate fhereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Everyteen	Where did injury occur? (City or town) (County) (State)
B. O. Dad	
Location Services	Injured at home, farm, Industry, public place (where?)
18. Funeral director Suna N. Burbage	Means of Injury Injured at work?
Q. 0	al a lu Vill
Address Section 1.	23. DIGNATURE Chas- N. Jaw 14N
10.1-18 1047 Helen F. Nayw	and Bullia Med: But start 1-18-47

JAN 20 1947 BUREAU V 8

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

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County	State City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where dyath occurred: How long in hospital or institution?	Street No
3. (a) FULL NAME Marine Odurud Ble	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, of divorced Male White, Married	MEDICAL CERTIFICATION 20. DATE DF DEATH JAMUAN 17 19 47 21 8 30 11
8.(b) Name of husband or wife \\ V	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	
10. Usual occupation Selli Myssellos Stay Harry 11. Industry or business 12. Name Shroddy Glapfles 13. Birthplace	Due to
13. Birthplace 14. Maiden name 15. Birthplace 16. Mayrand	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address & Squalettee, M. G.	Autopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory (Mark) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Supply Confidence of the supply of t	Injured at home, farm, Industry, public place (where?) Meens of Injury tnjured at work?
Address Show Reller, My 19. (Date réc'd byteristrar) 19. (Date réc'd byteristrar) Registrar	23. SIGNATURE Heamenalthaling & D. or other Address fram Hil, 200 Bate signed 18/20 72

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JAN 22 1947

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2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

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Reg.	Dist.	No.		0	2

Date signed J.3 An 47

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Md County Norces les City or town Berlin
How long in above piace of death?	City or town
How long In hospital or Institution?	2.(a) If veteran, name wnr.
Denard William Britte	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced whole who were .	MEDICAL CERTIFICATION 20. DATE OF DEATH. 12 Jan. 1947 112:10 A
8.(b) Name of husband or wife. Mangaret & Brittyl. S.(c) If alive, give age. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19.4. 2. 10. 12. 4. 19.4. 7.
7. Birth date of deceased (mo., day, yr.) Dec. 16, 1862	and that I last saw h salar alive on 1944. Z. Immediair cause of death. DURATION
8. AGE: Years Months Days If less than one day 2 6	Hypertensive Curdio-Varenten-rend 5 years
9. Birthplace Gulin Wor Cu. Md. (Town, county, and state)	Due to allerios Chiusis 10 years.
10. Usual occupation	. Due fo
E 12. Name Levy W. Britinglan	8fher conditions
14. Malden name. Katherune Jamb 15. Birthplace Bulin Trul.	(Include pregnancy within 3 months of death) Major fiediogs of operations.
20 · Il - 3 · H.	Actopsy results
Address Seelin Ind	PHYSICIAN: Please underline the caose to which death should be charged statistically.
17. (Burial) cremation, or removal. Which?) Date thereof. (morth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Evergeen and.	Where did injury occur?
Location A Burbaye 18. Funeral director A A Burbaye	Means of Injury Injured at work?
Address Berlin m.J.	23. SIGNATURE Machonal Tothumes
19. 1-14- 1947 Welan I. Hayward Registrar	Address Ocean City will Date signed 13 Jan 4

ARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

The correct age

especially PLAINL

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2411 N. Charlea St., Baltimore 93d CERTIFICATE OF DEATH

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Sec.		No	-3	17	1	0
Reg.	Dist.	No			f	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbarn infants give residence of mother)		
County County	John I delaconte		
City or town (if outside city or town limits, write RURAL and give nearest town)	Planting MED HALL		
How long in above place of doath?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Story From		
	(If rursl, give LOCATION)		
How long in hospital or institution?	2.(a) If voteran, name war.		
3. (a) FULL NAME John Silas flougla	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored married	12 12 915 P		
B Da Da	20. DATE DE DEATH January 12 19 47 11 9.15 PM		
6.(b) Name of husband or wife.	2f. I CERTIFY that death occurred on the tato shove stated; that hattended deceased from		
7. Birth dale of	January 2 19.47, 10 Jan 12 19.41		
deceased (mo., day, yr.) February 1862	and theil I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 10 Long S.		
84 /hrsmin.			
& Birtholace Worcester Co Waryland	Que to Ortero-seles tie		
(Town, county, and state)	blast desease unknow		
fo. Usual occupation	Due to		
11. Industry or business	200 10-		
12. Name. James Alonglas 13. Birthplace Mary Land	Other conditions		
13. Birthplace Mary land			
	(Include pregnancy within 3 months of death)		
14. Malden name unknown	Major findings of operations.		
7 1 fs. Birthplace	Dale of op.		
16. Interment fra Slonglas 201	Autopsy results.		
Address Snow Hell Mary lund	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Buril Bale thereof Jan 45-1947	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal, Which?) Bale thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory	Where did injury occur?		
Location Ity and I tell	Injured at home, farm, industry, public place (where?)		
as a series of sent of	Meens of injury lojured at work?		
18. Funeral director	(X) Q.		
Address Slockton and	23. SIGNATURE Jane Then M. D		
10 au 15 10 47 mary m. Tay-lin	M. D. or other		
(Date rec'd by registrar) Registrar	Address Date signed 14/47		

JAN 23 1947
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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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01013

CERTIFICATE OF DEATH

Reg. Diat. No. 355

City or town (If outside kity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elizabeth Godfrey.	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married widowed, or diorced	MEDICAL CERTIFICATION
find white was to	
finale a desired.	20. DATE OF DEATH 17 Jan 47 19 \$7 at 17.00 PM
6.(b) Name of husband or wite Devrye Hodfrey	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
	14 Jun 19 62, 10 12 Jan 19 62
7, Birth date of	and that I last saw h alive on 1) from 18 2
deceased (mo., day, yr.) 7 00, 3, 1857	Immediain cause of death acute Sulestimus OURATION
8. AGE: Years Months Days If less than one day	spatra chien -
89 2 14min.	(and)
· Birthalore Snow Hall, words, md RIT	Doe to Schility Lewelty
9. Birthplace	UU 10.
10. Usual occupation.	
11. Industry or buelnese	Due to DEGENERATIVE
	al . · · · · · · · · · · · · · · · · · ·
12. Name Juliu Wydelotte.	Other conditione Clarence Defenses
	(Include pregnancy within 3 months of death)
14. Maiden name Clara Aydelottle. 15. Birthplace	
15 Righholace	Major findings of operations.
no. 81: 1 Bankson	
16. Informant	Autopsy results
Address Sulling 12 2 2.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. (Burial cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
(Burial cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Snow Ideal, MJ RID.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. Duna A. Burbage	Means of Injury Injured at work?
0 1 · n. 1	
Address Section out.	26 SIGNATURE Jeen and slubby and
1-18- 147 Helen F. Nouwar	M. D. or other
(Date rec'd by registrar)	Address Denuce of the Date signed Any

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N: Charles St.; Baltimers 107

CERTIFICATE OF DEATH

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PA. I	Reg:	Dist:	Ns. 30/

1: PLACE OF DEATH: Wowester	2. USUAL RESIDENCE (HOME) OF DECEASED: (FOR DEWEIGHT INTENTES THE STATE OF MOTION OF DECEASED):
Equally 110000	State Many Cond County Manager
CIT BULLING CITY OF LOWN HINGES, WITTE RURAL AND GIVE HEALEST LOWN	TV
How long in above place of death?	City of town
	Street No
How long in hospitat or institution3.	7///
3. (a) FULL NAME	2.(a) If referan, name war
(Moher to Halloway	3: (b) Social Security Number None
a: Ser S: Eolof of Face. D: (4) Single; Married; Widowed; of divorced	MEDICAL CERTIFICATION
Male White Married	38. RATE OF BEATH January 29 1847 31 6000 11
The Martin to Holloway	21. LERRIEF that weath occurred on the Cate above stated; that Mended deceased from
6:(8) Name of Ausband of wife // Mulling Of Volument	July 1 1845 18 Jan 29 1847
7. Birth date of years	and that I last saw he mailte on Jan 28 19.47
defeased (ma: day, ye) sime at 1 10 d	Immediais cause of death QURATION
8: AGE: Years Months Bays 11 tess than one day	Termal Basilar Bremony 2 days
Africa de la	Brancharfmeumonials
9: Birthplace Addition (Sunty, and state)	But 18 Men / who
19. Usual occupation The Manual Control of t	But 18 Hyperfermion, asterno.
11. Industry or business	selection surface
12. Name Damel Halloway	Biher conditions by perfectly without
\$ 13. Birthniace Markand	
	(Include Beekuanek Althiu 3 mouths of geath)
14: Malden name // drughters Days 16: Birthplace // Arrygang	Major findings of operations
3 15. Birthplace	Bate 8t 89:
16. Informant of A State of St	Antony results
Address monthles Mg	22. VIOLENCE: If death was due to external causes; fill in the following:
17 Junial Bate thereof Jan 31/47	Aceident: suicide, or homicide
199Fini; SESMATION; SE ESMANNI: WRIGHT	
Eemelery of crematory	Where did injury eccur? (City ar tawn) (Caunty) (State)
Location Statutal Manual Management	Injured at home, farm, Industry, public place (where?)
18. Funeral director Addition Company	Means of injury Injured at work?
Address O Mond Kill MIN	(1, 0 () > 0
	23. SIGNATURE M. H. of sther
19. (Date red by reflater) 19 - Der By Smith	Address San State State State State State State State

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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b .			9	2 "
	Reg. Dist.	No		27

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wrees hi	med limeski.
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death? 23 .	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurre.	Street No
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veleran, name war
Sland Lawrence Hastu	3. (b) Social Security Number
4. Sex 0 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE DE DEATH 6 January 1947 at 4: PM
De W. Hastins	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
6.(b) Name of husband or wife 5.(c) It alive, give age 7. years	October 1946 10 puray 1947
7. Birth date of	and that f last saw h
8. AGE: Years Month Days it less than one day	Immediate of death DURATION
0. Aug. 0	Tulmonary Juber culosia I yeur
25 8 26hrsmin.	
9. Birthplace (Town, eounly, and state)	Due to
10. Usual occupation Discharged Veteran	
1	Due to
11. Industry or business U.S. Cruy,	Enternalous Deland 2
12. Name July 13. Birthplace	Other conditions
~	(Include pregnancy within 8 months of death)
14. Maiden name. M. ariel Clay. Wille	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Mr. Fluxis A. Hustin	Antopsy results.
Address Berlin Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Brue D. Date thereot. 1/8/47	22. VIOLENCE: tt death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury Occur?
Location Bellin mis	Injured at home, tarm, Industry, public place (where?)
A A B	Means of Injury Injured at work?
18. Funeral director	1 1 D D Led
Address Sulph	23 SIGNATURE Y Sethinal 1. Homos
" 1-8- " Thelon I. Hay	M. D. or other
(Date rec'd by registrar) Registrar	Address Ocean city Date signed & Jose 47

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UNFADING INK. Supply every item of inform, You carefully. Indicant. Physicians: please write the causes of death clearly and legibl

correct age

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1. PLACE OF DEATH Corrective	2. USUAL RESIDENCE (HOME) OR DECEASED: (Box newborn infents give residence of motion)
City or town (If outside city or town limits, write RURAL and give nearest town)	State full flash County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME alma Settrud	6
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale white married	20, DATE OF DEATH January 20 1947 2:35
Holdsborough Heerley	21. I CERTIFY that death occurred on the date above stated, that Laiteoded deceased from
6.(6) Name of husband or mile	193 2-10 1947
7. Birth dale ot	and that I last saw h. and alive on
deceased (mo., day, yr.) P A (E. Years Months Days It less than one day	Immediate caose of death DURATION
8. AGE:	
7 2	
9. Birthplate Mungolingue (Town country, and state)	Due to College of the state of
to, Usual occupation Solomone	
11. Industry or business	Due to
	Other conditions I week week
12. Name 12. Name 12. Name 12. Name 12. Name 12. Name 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name Via Various 15. Birthplace Virginia	Major findings of operations
El 15. Birthplace Virginia	Date of op.
16. Interment The Ruth Varsons	Autopsy results.
Address Rural Tocomohe Toll	PHYSICIAN: Please underline the caose to which death should be charged statistically.
0 0 0000	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereot (aday) (year)	Accident, suicide, or homicide
Cemetery or cremetors alumn M. C. Commellery	Where did injury occur? (City or town) (County) (State)
Location Tacor of Taciff	Injured al home, farm, Industry, public place (where?)
18. Funeral director Sterry Stell atom	Means of Injury Injured al work?
Address Pocomoh my	23. SIGNATURE II- La gratories MAS
19 Jan 22, 1947 anne & White	23. Signal With D. or office of the Mr. D. or office o
(Dete rec'd by registrar) Registrar	Address

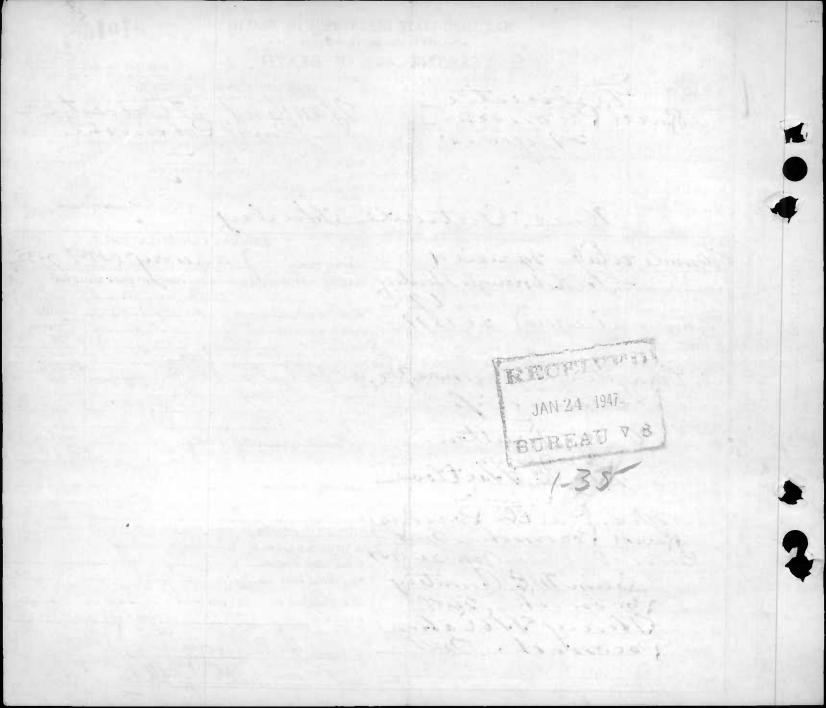








VS A15



Registrar

DURATION

(State)

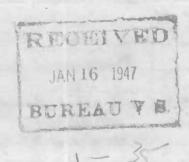
.. Date signed

FOR BINDING

MARGIN RESERVED

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(Date rec'd by registrar)



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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 8 3 W

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CERTIFICATE OF DEATH

Reg. Dist. No. 3550

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed of divorced 1. Color or race 6.(b) Single, married, widowed of divorced 1. Color or race 6.(c) Single, married, widowed of divorced 1. Color or race 6.(c) Single, married, widowed of divorced 1. Color or race 6.(c) Single, married, widowed of divorced 1. Color or race 6.(c) Single, married, widowed of divorced 1. Color or race 6.(c) Single, married, widowed of divorced 1. Color or race 6.(c) Single, married, widowed of divorced 1. Color or race 6.(c) Single, married, widowed of divorced 1. Color or race 6.(c) Single, married, widowed of divorced 1. Color or race 1. Color o	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Morths Days It less than one day hrs. min. 9. Birthplace (Town, eounty, and state)	Immediate cause of death. DURATION Due to.
10. Usual occupation	Due to
16. Intermant Address 15. Birthplace 16. Intermant Address Address	Major findings af aperations
17. (Burial, cremation, or removal, WMch?) Cemetery or crematory Location Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	Moens of Injury Injured at work? Portage M. D. or other Address

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The District

JAN 6. 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

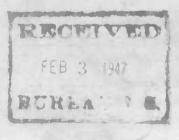
2411 N. Charles St., Baltimore

1:50

CERTIFICATE OF DEATH

Reg. Diat. No. 35/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Worker	State Viani County Accorda	A
Cily or town (If outside city or town limits, write RURAL and give nearest town)	11.11	47)
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give ne	eareat town)
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME Merritt Marsha	3. (b) Social Security	Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
OL M.		/ A.
	20. DATE OF DEATH Jamany 30, 1947	
6.(b) Name of husband or wife Evelyn Marshall	21. I CERTIFY that degit occurred on the date above stated; that I attended dec	
6.(c) If alive, give age 70 years		/
7. Birth date of deceased (mo., day, yr.) March. 21, 1872	and that I last saw h. Annqalive on	
8. AGE: Years Months Days It less than one day	Immediate cause of death	
74 10 9min.	ldram lumor	4200
9. Birthplace March Market Misiquia (Town, county, and state)	Due to	•••••••••••••••••••••••••••••••••••••••
A find we trade as		***
10. Usual occupation during Togutham	Due to.	***
11. Industry or business		
12. Name Thomas Marshall 13. Birthplace Mortale Washington	Diher conditions Ay per Accusion	
14. Maiden name Sally Half 15. Birthplace Marsh Marky	(Include pregnancy within 3 months of death)	
15 Richarde Market Warket	Major findings of operations.	
11 01 200 6 011		
16. Informant Ala Mc Nonald	Autopsy results	statistically.
Address Frithe free, M.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Date thereof (mogth) (Apr) (year)	Accident, suicide, or homicide	
Cemelery or crematory Dyrumgy Coult	Where did Injury occur?(City or town) (County)	(State)
Location Cap Stall , V9	Injured at home, farm, Industry, public place (where?)	
19. Funeral director (sh) Afairon Suc	Means of Injury Injured all work?	
Address Portsley, Va.	(for hato m	1:02
16.11000000	23. SIGNATURE M. D	or other
19. (Date register) 19.4 PELOG Scientific	Address Snow Hell Mo, Date signed	130/47



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VS A15

MARYLA	ND S	TATE	DEPARTI	MENT O	F HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

()1027 Selecte.

Rog. Dist. No. 355

EASED:

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	2 (h) C : 1 C : 2 N
Comellow Levada Mar	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fenale West married	2D. DATE OF DEATH 1 - 7 - 4 7 18 18 10 F
8.(b) Name of husband or wite. Coy /3 Martin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h Palive on IR-R8-46 19
deceased (mo., day, yr.)	
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9. Birthplace Company, and atate)	Due to
10. Usual occupation. Description.	
	Due to
11. Industry or business	
H 12. Name	Other conditions
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# 14. Maiden name Julia A - Wright.	
	Major findings of operations.
2 15. Birthplace West Vingue	Date of op.
16. Informant Ohn Q The Theory	Autopsy results
Address Silling RdD	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. Bul Date thereot 1/9/47	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
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1 9 16 Miles of Plans	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address Derline / Bate signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.				25

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
A !	State med County Works by
Cliy or town	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
The state of the s	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charlotte Moniler.	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
themal white widow	20. DATE DF DEATH / 4 4/1 30 M
6.(6) Name of husband or wife	- 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	No. J. 19.4.6. to 9412 18.4.7
7. Birth date of	and that I last saw h. R. K. alive on 24 DCC 18 46
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediais cause of death A. J. J. C. M. M. DURATION
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18. Funeral director	E 11 /1/15 10
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

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CERTIFICATE OF DEATH

01022 Reg. Dist. No. 350

1. PLACE OF DEATH: County Co		
Side. County City or town City cutcline city or town limits, write RURAL and give orecasts town) New bear in above place of death? City or street address where death occurred:	1. PLACE OF DEATH:	
Clip of team	County	Ye content
Row long in above place of death? Rospilal, institution, or street address where death occurred: Sireet Re.	City or town.	State County County
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3. (d) Social Security Number 4. Sex		
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JAN 17 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131@

CERTIFICATE OF DEATH

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10	Reg.	Diat.	No.	-	• /	

A	Reg. Dist. No.
1. PLACE OF DEATH: Words I Very	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County DUNGSYA	manile de maniles
(Il outside city or town limits, write RUKAL and give nearest town)	State Affine County Affine
How long in above place of death? 62 Years	City or lown (1f outside city or town limits, write HURAL and give nearest town)
Hospital, Institution, or street address where doubt occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Danders Smith	Mone
4. Sex 5. Eglor or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male follows Widowid	20. DATE OF DEATH DAMAGE 10 19.47 at 7.50
6.(6) Name of husband or wite Bowle Smith	21. I CERTIFY that death occurred on the date above stated; that Attended deceased from
	19ah 10 10 47 10 100 10 1947
7. Birth date of	and that Jast saw h Amalive on J. 40 10 194-1
deceased (mo., day, yr.) / UV i / U - / O J F	Imprediate cause of death DURATION
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I II Want mit	Que to Her Per Jermin Carolio -
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19 1/3/ 104/ Letay Swith	
(Date rec'd by registrar) Registrar	Address Date signed

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WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

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JAN 17 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

			550	
Reg.	Dist.	No.	250	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Page 1991	State Maryland County Somuset
City or town (If outside city of town limits, write RURAL and give nearest town)	7
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 7 85
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Jumos Stevens	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M C Kidowed	20. DATE DE DEATH 20 19 1547 0 3. a
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 17 187, 10 par 1947
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deceased (mo., day, yr.) R AGF- Years Months Days If less than one day	Immediate cause of death DURATION
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9. Birthplace (Town, county, and state)	Due to carel warming
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1D. Usual occupation.	Bue to allerence terrors
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	(Include pregnancy within 3 months of death)
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15. Birthplace	Date of op.
18. Informati has Assic May Mathaws	Autopsy results.
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18. Funeral director V. Harvay Director	110
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01 22 12 1 E With	23. SIGNATURE M. D. OF SIJET M. D. O
(Pute rec'd by registrar) Registrar	Address & conte cy 104 Date signed /20/4"

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

DESCRIPTION STATE OF STREET OF STATE OF A PERSON OF

RECEIVED! JAN 24 1947 BUREATIVE

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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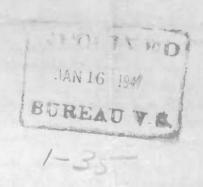
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Works W.	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? about 30 years.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) EULL NAME	3. (b) Social Security Number
Sarah Elizabeth Jarr.	
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION m
Levale white morned	20. DATE DF DEATH Jan 13 1546 at 7. 17
George Jan.	21. I CERTIFY that death accurred on the date above stated; that Tattended deceased from
6.(b) Name of husband or wife	bu 13 146 10 per 13 1046
7. Birth date of day vr) 20 126 S	and that t last naw half allve on a 3
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3.3	Eurour Myocardus
78 1,1 23hrsmin.	
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12/12 7	
1D. Usual occupation.	Oue to
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13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Malden name JOHAN (Bowells	Major findings of operations Atom
15. Birthplace marrhand	Major indiags of operations.
16. Informant m. Heary Fair	Autopsy results.
Q 1 0 2-1	PHYSICIAN: Please oaderline the caose to which death should be charged statistically.
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(Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Evergreen -	Where did Injury occur?
Bull: mal	Injured at home, farm, industry, public place (where?)
Location A B B	Means of Injury
18. Funeral director.	
Address Bulin M.	Clifford E. Walett
1-15" HT telem F. Throng	23. SIGNATURE M. D. Or other
19. (Date rec'd by registrar) Registrar	Address Davies / Date signed



NFADING INK. Supply every item of information carefully. The cat. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/ a

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	Dist		3	5	-/
D	Dies	Na		-	/

1. PLACE OF DEATH: WOLCOLOGIA	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Voucesto	State Marylenard Courty Marcister		
Cily or town			
How long in above place of death? 2 years	(If outside eity or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where leath occurred:	Streef No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Mattee D. Just	yong		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Jemale White Widowed	20. DATE DE DEATH January 7 19 47 21 11 1		
Hempo W. Truitt	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from		
6.(b) Name of husband or wife	(lug-1944 4 10 JAN 7 10 4/		
7. Birth date of Was a give age years	and that I last aw h A alive on 17 17		
deceased (mo., day, yr.) Maich 3-1069	Immediate capit of death from DURATION		
8. AGE: Years Months Days If less than one day	Marte fulmerent, Edlen 1 day		
hrsmln.			
9. Birthplace Multiul Multium My (Town, county, and state)	Due to His Control Carlo Section 10 44		
Home wet.	things syniven.		
1D. Usual occupation.	Due to.		
11. industry or business	a p		
12. Name Musical Manuel 13. Birthplace	Diher conditions Land Management of the Conditions of the Conditio		
13. Birthplace	(Include pregnancy within 8 months of death)		
# 14. Maiden name // althost & formes	Major findings of operations		
14. Maiden name Manage 15. Birthplace Mary 15. Birthplace	major nadiags of operations		
Mh Angles Valentt	Autopsy results.		
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 2000 10 40 1119	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal Which?) Date thereot (month) (doc) (year)	Accident, suicide, or homicide		
Cemetery or crematory Messellians	Whera did Injury occur?		
cometery of crematory and the second of the	Injured at home, farm, industry_aublic place (where?)		
Location S2 10 11	Injured at nome, farm, industry, quo'c prace (wherer) Means of injury Injured A work?		
18. Funeral director	1 of Maria		
Address Subw Hell, My	a source of the Man Miller Mill		
1/10 47 8 Par Sunth	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Dad Pell Date signed - 9-4		

